

# Missouri Statewide Health Information Exchange

Technical Infrastructure and Business & Technical Operations Combined Meeting

**9:30 am – 12:00 pm CT**

**March 23, 2010**

**Call-in #: 1-866-922-3257**

**Passcode: 57683250#**



For discussion purposes only - Not for distribution



# Agenda

Topic	Facilitator(s)	Time
Welcome, Introductions, & Agenda Review	Co-Chairs	9:30 – 9:40 am
<b>Process Updates</b> <ul style="list-style-type: none"> <li>➤ Strategic Plan</li> <li>➤ Meaningful Use Comments</li> <li>➤ Advisory Board Meeting</li> <li>➤ Other Workgroups</li> </ul>	Co-Chairs & Manatt	9:40 – 10:00 am
<b>Request for Information (RFI) Review &amp; Discussion</b> <ul style="list-style-type: none"> <li>➤ Goals &amp; Objectives</li> <li>➤ Clinical Functional Service Requirements</li> <li>➤ Core HIE Service Requirements</li> <li>➤ RFI Application</li> <li>➤ Timeline</li> </ul>	Co-Chairs & Manatt	10:00 – 11:45 am
Next Steps	Co-Chairs & Manatt	11:55 – 12:00 pm

# Governor Nixon's Vision – Six Objectives

- 1. Improve the quality of medical decision-making and the coordination of care;**
- 2. Provide accountability in safeguarding the privacy and security of medical information;**
- 3. Reduce preventable medical errors and avoid duplication of treatment;**
- 4. Improve the public health;**
- 5. Enhance the affordability and value of health care; and**
- 6. Empower Missourians to take a more active role in their own health care.**

*Thank you for partnering with the state in taking critical first steps in building a new framework for health information technology in Missouri*

# Meeting Objectives

- Provide update on Strategic Plan and Meaningful Use comment submissions
- Update on other Workgroups' progress
  - **Governance**
  - **Legal/Policy**
- Review and discuss draft request for information (RFI)
- Understand Workgroup timeline and next steps

# Strategic Plan Submission

## ➤ **Minor changes before final submission**

- Environmental Scan
  - Updated description of Regional Center survey
- Governance
  - Board composition
    - The Board of the Statewide HIO will consist of individuals committed to advancing the mission and goals of the organization. The Statewide HIO will not be a membership organization.
    - The Board will be made up of 12 – 15 members.
    - At all times there should be representation of providers and consumers on the Board.
- Consumer Engagement
  - Updated to reflect changes in the Governance section

## ➤ **Stakeholders are invited to provide Letters of Support to ONC**

- Letter template –  
<http://dss.mo.gov/hie/stakeholders/pdf2010/letterof-support.pdf>
- Please complete and return letters to Charlotte Krebs –  
[ckrebs@primaris.org](mailto:ckrebs@primaris.org)

# Meaningful Use Comment Submission

- **MO-HITECH Advisory Board Letter of support submitted electronically and in hard copy before March 15<sup>th</sup> deadline**
- **Statewide HIE Coalition comment signatories included:**
  - California Health and Human Services Agency
  - Office of Governor Bill Ritter, Jr. (Colorado)
  - Colorado Regional Health Information Organization
  - Delaware Health Information Network
  - HealthInfoNet (Maine)
  - Maryland Health Care Commission
  - Michigan Department of Community Health
  - *Missouri Department of Social Services*
  - Nebraska Health Information Initiative (NeHII)
  - New York Office of Health Information Technology Transformation
  - Rhode Island Quality Institute
  - Tennessee Department of Finance and Administration
  - Office of e-Health Coordination, Texas Health and Human Services Commission
  - Office of Vermont Health Access
- **Final rule will likely be published in late Spring**
  - CMS will respond to all comments received before the final rule is published

# Advisory Board Report

## ➤ Content Reviewed

- Updated Strategic Plan
- Workgroup Updates
- Meaningful Use comments

## ➤ Key Outcomes

- ***The Advisory Board voted unanimously to approve the MO-HITECH HIE Strategic Plan for submission to ONC, pending incorporation of small changes***
- The Advisory Board recommended the Governance Workgroup, in consultation with legal counsel
  - Move forward with the articles of incorporation
  - Begin drafting the bylaws of the Statewide HIO
  - Establish a process to vet and recommend nominees for the Board of the Statewide HIO
    - All Workgroups should be engaged in the process

# Governance Workgroup

## Initial Nominating Committee – *DRAFT*

### ➤ **Nominating Committee**

- The Nominating Committee will be convened by the MO-HITECH Governance Workgroup Co-Chairs
  - Members will be chosen by the Governance Workgroup Co-Chairs
  - The Nominating Committee will be constituted of individuals capable of identifying nominees who represent the full range of desired expertise and stakeholder interests, including consumers and providers.

### ➤ **Process**

- The Nominating Committee will review the guidance in the Bylaws around membership of the Statewide HIO (e.g. thought leaders, diversity)
  - The Nominating Committee will task each work group's co-chairs with submitting recommendations for consideration.
  - The Nominating Committee will recommend at least two, but no more than three, candidates for each Board seat; the Board is anticipated to be constituted of 13 members
  - The Nominating Committee will present the slate of nominees to the Advisory Board
- The Advisory Board will review the slate of nominees and may remove or recommend additional nominees
  - The Advisory Board will present the slate of candidates to the Governor; there should be at least two, but no more than three, candidates for each Board seat
- The Governor will review the slate of nominees and will return the approved nominees
  - If the Governor's approved list is less than the available seats or does not comply with the requirements of the board composition as dictated in the bylaws necessary, the Advisory Board, in consultation with the Nominating Committee, will recommend additional nominees for consideration by the Governor. This process will be repeated as necessary until the Board seats are filled.
- The Advisory Board will review the final slate of nominees and recommend the Directors to the Incorporators of the Statewide HIO; the Incorporators will appoint the Board of Directors.

Workgroup Co-Chairs will provide a slate of proposed nominees to the Nominating Committee.



# Governance Workgroup – Discussion Guidance for the Nominating Committee

## ➤ **Bylaws – *Draft language***

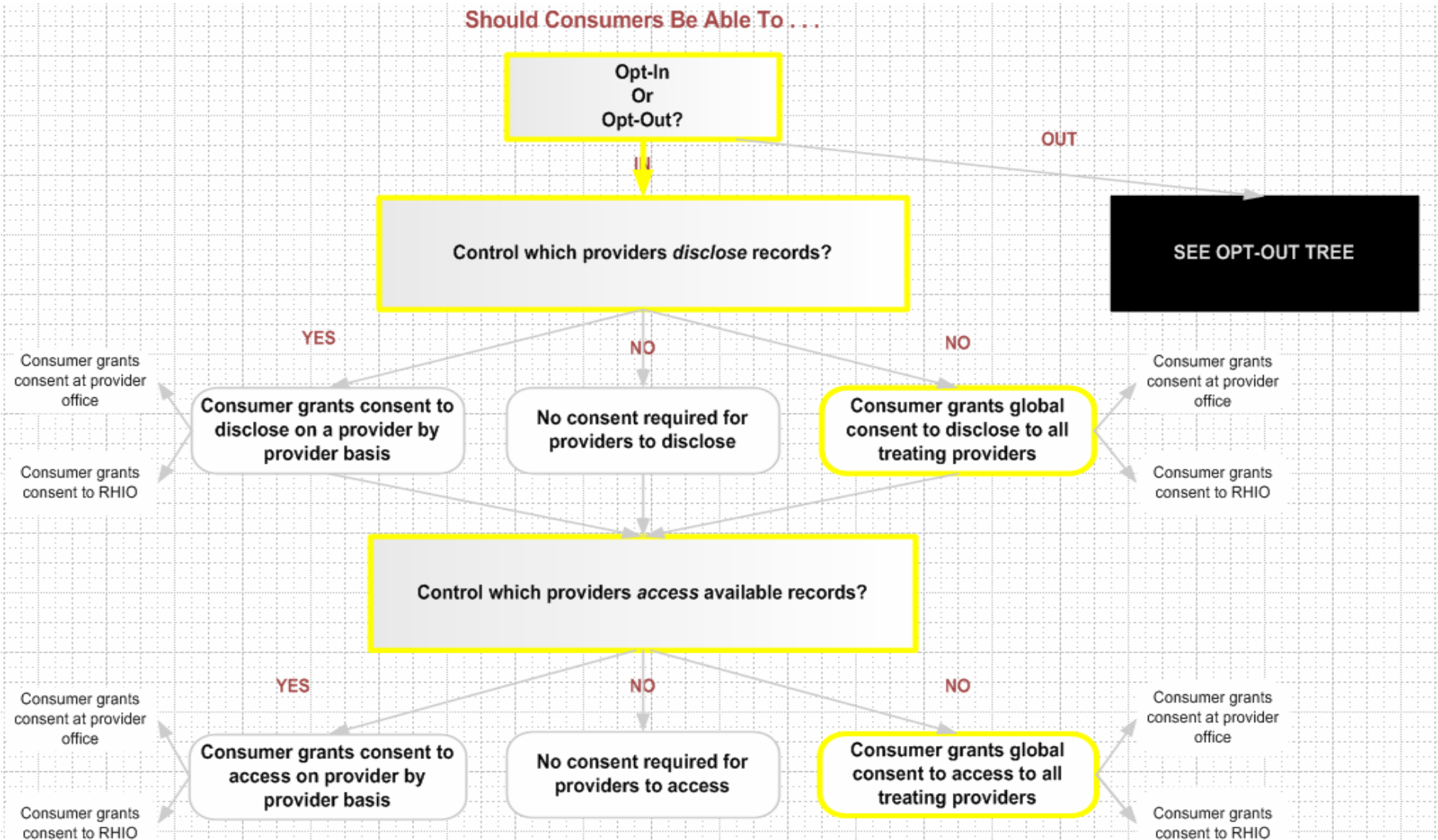
- At all times there should be representation of providers and consumers on the Board.
- The Board should be broadly representative such that there is
  - Ethnic, cultural, geographic, racial and gender diversity, and
  - No one industry group is disproportionately represented on the Board.

## ➤ **Guidance for Nominating Committee**

- Specific skill sets
- Areas of expertise
- Thought and industry leaders
- Other?

Workgroup members are invited to submit names for consideration to Workgroup Co-Chairs and staff by April 2<sup>nd</sup>.

# Legal/Policy Workgroup – Opt-in Decision Tree with Workgroup Decisions to Date



# Legal/Policy Workgroup

## ➤ **Types of Sensitive Health Information**

- Genetic Information
- Head and Spinal Cord Injury Data/Rehabilitation Center Information re Head Injuries
- HIV Information/Test Results
- Abortion Records
- Mental Health Records
- Drug and Alcohol Treatment Information

## ➤ **Workgroup Recommendations**

- Genetic information; head and spinal cord injury data; HIV information/test results; and abortion records should be included for purposes of statewide HIE
  - Under Missouri law, this information may be shared with consent of the patient
  - The consent for purpose of the Statewide HIO should specifically include permission to release sensitive health information
- In an emergency, a physician may “break the glass” and access a patient’s health information when the patient has not had an opportunity to provide consent
  - An individual’s decision not to participate in the Statewide HIO will be respected in the case of an emergency

**Question:** Will technical solutions enable the exclusion of discrete sensitive data elements?

# Request for Information (RFI)

## ➤ **Process to date**

- Manatt incorporated Workgroup decisions and discussions to date into a draft RFI
- A small working group, including Co-Chairs and staff, met to reviewed and commented on the initial draft on February 23<sup>rd</sup>
- Manatt and Workgroup staff revised the RFI based on feedback
- Advisory Board reviewed an overview/outline of the RFI on March 18<sup>th</sup>

## ➤ **Today**

- Review and provide feedback on draft RFI

# Request for Information – Overview

## ➤ **Goals & Objectives**

- Clinical functional service requirements
- Core HIE service requirements

## ➤ **Disclaimers**

## ➤ **Dates**

## ➤ **Instructions**

## ➤ **Terms & Conditions**

## ➤ **Reference Documents**

## ➤ **RFI Application**

# Goals & Objectives

## ➤ **Broad objectives:**

- Support providers' ability to satisfy Meaningful Use criteria (step wise through all stages)
- Lay the basis for robust exchange of clinical information among stakeholders to improve patient care
- Ensure the capability to enable connectivity with an NHIN gateway or NHIN direct

## ➤ **RFI goals & objectives:**

- Obtain market information on functional capabilities and component pricing to inform technical approach and financing model

## ➤ ***The RFI is independent of any future RFP and will not affect a respondent's ability to respond or the evaluation of a future response***

# Goals & Objectives

## ➤ **Network architecture overview**

1. Statewide HIO as a “nexus of hubs,” capable of
  - Routing messages among all providers and to consumers
  - Orchestrating messages according to business rules to achieve meaningful use functions
2. Statewide HIO as a “hub of last resort” for providers with no HIO affiliation

## ➤ **Hubs will communicate using NHIN messaging platform and other market-accepted HIE protocols as they become available**

## ➤ **Network will be built using service oriented architecture (SOA) principles and will incorporate web service components**

# Clinical Functional Service Requirements - Overview

- **Clinical functional service requirements**
  - Laboratory ordering & results delivery
  - E-prescribing
  - Clinical information exchange
  - Eligibility and authorization unifications
  - Web viewers for providers without EHRs
  - Value-added services (optional)
- **Can respondents provide these functionalities OR offer alternatives?**
- **Services are intended to serve as a foundation for future HIE services (e.g. quality reporting, public health reporting, clinical decision support)**



# Clinical Functional Service Requirements - Description

- **Laboratory ordering & results delivery**
  - *Push and pull* lab orders and results to Missouri providers for integration into EHRs
- **E-prescribing**
  - Connectivity to multiple sources of medication history, formulary, and eligibility
  - Ability to accept and send e-prescribing transactions (e.g. via Surescripts or other e-prescribing network)
  - Interface to personal health records (PHRs)
- **Clinical information exchange**
  - Enable key clinical information exchange between EHRs
- **Eligibility and authorization unifications**
  - Single point of connectivity to all payors in Missouri
  - Enable day certain eligibility transactions (including authorization) from a provider to any payors
- **Web viewers for providers without EHRs**
  - EHR alternative viewing capability for all clinical services/functions
- **Value-added services (optional)**
  - Other capabilities that support advanced clinical care models (e.g patient centered medical home; clinical decision support; integration with home monitoring)

# Core HIE Service Requirements

## ➤ **Registries**

- Patient registry
- Provider registry
- Organization registry
- Consent registry
- Web services registry

## ➤ **Messaging**

- Web services endpoints and messaging
- Integration and message transformation
- IHE profile support
- Terminology management
- Message and data validation

# Core HIE Service Requirements

## ➤ **Security & authorization**

- Role based access and management
- Privacy
- Security

## ➤ **Administration & management**

- System administration
- System configuration
- Logging
- Monitoring
- Reporting

# Disclaimers

- **Pricing information obtained through the RFI will inform MO-HITECH's technical approach and project scope**
  - Requirements for statewide deployment of HIE services are not currently available
- **Respondents may be asked to demonstrate one or more of their proposed solutions if there are outstanding questions**
- **All submissions, questions, and answers related to the RFI will be subject to Missouri's Sunshine Law and will be shared upon request**

# RFI Application

## ➤ Instructions

- Respondents are asked to indicate collaborations with other organizations
- Page limit – 30 pages
- Questions should be sent to *[insert email]*

## ➤ **MO-HITECH reserves the right to**

- Copy and share the responses
- Use ideas or adaptations of ideas in the responses
- Cancel the RFI
- Request modifications to a response
- Modify requirements or specifications
- Change deadlines

## ➤ **Reference Documents**

- MO-HITECH Strategic Plan
- MO-HITECH Workgroup Materials

# RFI Application

- **Cover letter signed by respondent(s)**
- **Executive summary of proposed solution**
- **Organization information (10 pages or less)**
  - Contact information
  - Organization history
  - Strategic, technical, financial, and operational roadmaps related to the proposed solution
    - 0 – 6 months
    - 6 – 12 months
    - Beyond 12 months
  - Participation in healthcare standards bodies and/or statewide implementation efforts
  - 3<sup>rd</sup> party contracted relationships

# RFI Application – Proposed Solution

## ➤ **Summary of proposed solutions**

- Productions and version(s)
- Technical architecture description and diagram
- Required clinical functions and core services

## ➤ **Breakdown of proposed solution by core and functional services including:**

- Technical architectural pattern and approach
- Time in production
- Supported healthcare standards and healthcare vocabularies
- NHIN capabilities
- Relationships to other services/functions
- Component configurations, extensions, modifications
- Screenshots

## ➤ **Breakdown and description of how proposed solution supports non-functional requirements including:**

- Software bug tracking
- Availability
- Testing
- Performance
- Failover
- Disaster recovery
- Service level monitoring
- Pattern for scaling

## **RFI Application – Implementation Approach, Timing, and Staffing**

- **Comprehensive plan to design, develop, and deploy the proposed solution(s)**
  - Tasks, timing, effort, resources, dependencies
- **Project management approach and tools**
- **Change control and risk management processes and tools**
- **Staffing required to design, develop, deploy, and operate proposed solution(s)**
- **Estimate of providers the solution can *realistically* be deployed to over four years**



# RFI Application – Pricing Information

- **Pricing model with fixed and variable costs for:**
  - All technical services (functional, core, and non-functional)
  - Implementation
- **Prototype costing model parameters and scalability**
  - How does the pricing model change with the addition of other HIOs and providers?
- **Prototype information**
  - Institutional connections/nodes:
    - Missouri State enterprise service bus (ESB)
    - One hospital system
    - One regional HIO
    - One critical access hospital
    - One physician group
    - Three small practices

## RFI – Target Timeline

Event	Target Date(s)
Release RFI	March 26 <sup>th</sup>
RFI webinar for potential respondents	March 31 <sup>st</sup> <i>11:00 am – 12:30 pm</i>
Intent to respond due via email	April 2 <sup>nd</sup> <i>[insert email]</i>
Responses due	April 16 <sup>th</sup> , 8:00 am CDT <i>[insert email]</i>
Review responses	April 19 – April 30 <sup>th</sup>
Report to Workgroup(s)	May 4 <sup>th</sup>

# Project Tasks & Timeline through May 2010 – Proposed Timeline Change



# Workgroup Next Steps

- **Publish draft RFI and collect responses**
  - Distribute RFI to your network(s)
- **Provide recommendations/guidance for Nominating Committee to Workgroup Co-Chairs by April 2<sup>nd</sup>**
- **Provide Letter of Support for Strategic Plan**
  - Letter template – <http://dss.mo.gov/hie/stakeholders/pdf2010/letterof-support.pdf>
- **Next Workgroup Meeting – April 7<sup>th</sup>**
  - Review patient profiles
  - Review Operational Plan outline

**Calendar – <http://dss.mo.gov/hie/calendar.shtml>**